

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE

DONNA FOUTS, Individually and as	:	
Personal Representative of the Estate of	:	
CLAUDE DAVID HARLEY, Deceased,	:	C.A. No.: 08-425 GMS
and DANNY HARLEY	:	
	:	
Plaintiff,	:	
	:	
v.	:	
	:	
AIRSTREAM INC.; et al.,	:	
	:	
Defendants.	:	

**AFFIDAVIT OF RECEIPT OF
FIRST NOTICE PURSUANT TO 10 DEL C. §3104**


STATE OF DELAWARE :
: SS.
NEW CASTLE COUNTY :

I, A. Dale Bowers, being duly sworn and deposed state that the following is true and correct to the best of my knowledge, information and belief:

1. I am the attorney for plaintiffs in the above-captioned matter.
 2. On July 2, 2008, an envelope containing a First Notice prescribed by 10 Del.C. §3104 was mailed by registered mail to defendant LESLIE CONTORLS, INC.
 3. On July 14, 2008, the return receipt of the First Notice was returned to the sender showing proof of delivery.
 4. Attached hereto as Exhibit "A" is the receipt which was given by the United States Post Office at the time of mailing to the person mailing the registered envelope containing the First Notice and the original return receipt which shows acceptance of the First Notice, referred to in Paragraph 2 of this Affidavit.
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A. DALE BOWERS

SWORN TO AND SUBSCRIBED before me this 18 day of July, 2008.


NOTARY PUBLIC

STEPHEN T. MORROW, ESQ.
Attorney at Law
State of Delaware
Notarial Officer Pursuant to
29 Del.C. §4323(a)(3)

My Commission Expires: _____

Exhibit "A"

Joseph J. Rhoades, Esquire
P.O. Box 874
Wilmington, DE 19899-0874

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☒ Registered
☒ Return Receipt for Merchandise
☐ Signature Confirmation

Affix Stamp Here
 (If issued as a
 certificate of mailing,
 or for additional
 copies of this bill)
 Postmark and
 Date of Receipt

Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Actual Value if Registered	Insured Value	Due Sender if COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
1. RA 311 859 164 US	AIRSTREAM, INC.. 419 West Pike Street P.O. Box 629 Jackson Center, Ohio 45334-0629	2.02	10.00	0	0							2.20
3. RA 311 859 120 US	GENUINE PARTS COMPANY Attn: Scott Smith, Agent 2999 Circle 75 Parkway Atlanta, GA 30339	2.02	10.00	0	0							2.20
5. RA 311 959 133 US	LESLIE CONTORLS, INC.. 12501 Telecom Drive, Tampa, Florida 33637	2.02	10.00	0	0							2.20
7. RA 311 859 155 US	NATIONAL AUTOMOTIVE PARTS ASSOCIATION c/o The Corporation Company 30600 Telegraph Road Bingham Farms, MI 48025	2.02	10.00	0	0							2.20

Postmaster, Per (Name of receiving employee)

Total Number of Pieces Listed by Sender 4

Total Number of Pieces Received at Post Office 4

See Privacy Act Statement on Reverse

(Fouts)

Complete by Typewriter, Ink, or Ball Point Pen

UNITED STATES POSTAL SERVICE

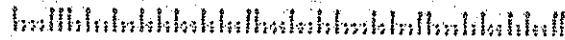
SAINT PETERSBURG FL

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Rhoades
P.O. Box 874
Wilm, DE 19899-0874

c/o Dale Fouts



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LESLIE CONTORLS, INC.
12501 Telecom Drive,
Tampa, Florida 33637

2. Article Number

(Transfer from service label)

RA 311 859 133 US

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

*Kareal

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail ☐ Express Mail
☒ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes